



Medicaid Advisory Committee *Meeting Minutes* August 6, 2015

Members Present

Chairperson Matthew Brooks, Director Joe Moser, Dr. Leila Alter, Michael Colby, Ted Danielson, Brian Hart, Herb Hunter, Jerry Key, Edward Liechty, Barbara McNutt, Blayne Miley, Michael Phelps, Jon Thompson, Michelle Stoughton.

I. Opening Comments

Chairperson Brooks opened the meeting of the Medicaid Advisory Committee (MAC). He welcomed the members.

II. Review of Minutes – May 21, 2015

The May 21, 2015 drafted minutes were approved.

III. MAC Updates

Chairperson Matt Brooks stated that his goals are, setting forth for future agenda items, to get input from committee members to create an opportunity to address issues that have state wide significance, and to focus on one particular issue at each meeting to provide greater examination of topic for added value to the committee members.

IV. HIP 2.0

Director Joe Moser stated that the special meeting in July for Hip 2.0 was to receive public comments on the HIP 2.0 waiver. During the meeting the committee received some feedback that requested additional data more specific to racial and ethnic breakdown as compared to eligible individuals.

a. Enrollment Data

Natalie Angel, Indiana HIP Director, presented race and ethnic data for all of HIP showing:

Asian eligibility was 2.2% and their enrollment was 2%;

African American eligibility was 12.9% and their enrollment was 19.4%;

Hispanic, Indian, multiple, and others eligibility rate was 8.2% and their enrollment was 6.6%;

Caucasians eligibility rate was 77% and their enrollment rate was 72%

Director Joe Moser added that the application is in Spanish and the Department of Insurance is working to hire more bilingual navigators because the Hispanic population has the biggest gap with eligible versus the enrolled population. FSSA is redirecting some of the HIP 2.0 advertising campaign to the Hispanic community as a result of this data.



b. Presumptive Eligibility (PE)

Natalie Angel provided a PowerPoint and explained that Presumptive Eligibility is a process to gain immediate access to Medicaid services. The Presumptive Eligibility enrollment involves a quick list of questions and once the questions are completed the individual will immediately get a response stating if they are approved or denied to get immediate access to healthcare coverage. If one is approved for PE, their coverage terminates at the end of the following month, which means their coverage can last up to 60 days. Individuals need to fill out a full Medicaid application to continue healthcare coverage past their PE termination date. The PE period finds individuals eligible for a Medicaid category and all services are covered with access to any provider who accepts their healthcare plan.

Natalie Angel, also, explained that there are 210 qualified enrollment providers out of a potential 465 providers. Of the 210 providers currently there are; 114 hospitals, 23 mental health centers, 27 FQHC's, 17 psychiatric hospitals, 20 health clinics, and 9 county health departments.

c. Medically Frail Determinations

Natalie Angel stated that there were 5,269 medically frail members in the HIP Basic plan, and 20,195 medically frail members enrolled in the HIP Plus Plan. This means that approximately 8% of HIP members are confirmed medically frail, 25,464 medically frail members out of 300,574 total members. Lastly, Natalie stated that there is more than one way to become Medically Frail, these are if one self-identifies themselves and they have completed two levels of confirmation, through their claims history, identified by their MCE, or deemed medically frail by virtue of having social security, disability, or HIV/AIDS.

V. Division of Aging Presentation

Yonda Snyder, FSSA Division of Aging Director, explained that Indiana has 16 area agencies on aging referred to as AAAs and they are the Aging and Disability Resource Centers. AAAs administer Title III, SSBG, and CHOICE dollars contracted out by the Division of Aging. AAA's are the gateway to Aged and Disabled and Traumatic Brain Injury Medicaid waiver programs along with nursing facility preadmission screenings under current state statute. Yonda Snyder went on to explain the enrollment process, along with potential sources of delay, and potential solutions to improve this process.

VI. Medicaid Access

a. Provider Workforce Challenges and Medicaid Access

Scott Gartenman, Medicaid Provider Relations Director, stated that there were three main areas looked at last year which were mental health, transportation, and where primary care providers were in the state. Scott Gartenman's PowerPoint showed graphs and charts of the Behavioral and Mental Health centers in Indiana, along with the number of the Ambulatory, Non Ambulatory, Family Member, and Taxi Providers in Indiana in regards to transportation.

Scott Gartenman, also, stated the initiatives moving forward were continuing education throughout Indiana by increasing community involvement, more visits to smaller communities, using hospitals as central point of contact. Also, OMPP is working on an initiative to examine the role of mid-level providers by enrolling all APN's and PA's to increase the provider pool by bringing Indiana current with Medicare policies. Along with the review of mental health mid-level providers to explore the possibilities of expanding their roles by examination of oversight and current billing rules and policies. Another initiative is to increase the involvement with provider associations and organizations by increasing Indiana state employee's presence at meetings and seek feedback on publications, policies,

and program updates. Lastly, to explore partnerships with colleges and universities to keep Indiana trained resources in state and educate future professionals on Indiana health coverage programs.

VII. FSSA Updates

Medicaid Director, Joe Moser, updated the committee on an ongoing situation in Scott County regarding HIV positive individuals and efforts in addressing their healthcare needs. Director Moser stated that Medicaid has been addressing this issue to make sure the individuals in Scott County, whom are HIV positive, get proper healthcare and medication. An action Medicaid has taken specifically, is sending staff to assist in enrollment where 259 presumptive eligibility applications have been approved, 225 submitted full Medicaid coverage, and out of those 177 individuals were approved for the full Medicaid coverage.

Director Joe Moser, also, stated Medicaid's claim database management contract with HP updating the database system remains on target for December 28, 2015 implementation. The system is in a testing phase which providers are testing between now and December. Advantages of the new system will be to have easier provider enrollment due to it being online versus manual paper applications. Director Joe Moser mentioned that if this was an interest to the committee, Medicaid could have a staff member give a more detailed presentation at a meeting in the future.

VIII. Public Comments

No Comments.

IX. 2016 MAC Meetings

November 12, 2015 in Conference Room C